FORM D

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** I IMITED OFFEDING EVENDTION

OMB APPROVAL				
OMB Number:				
Expires:	Apri	il 30,200	3	
Expires: April 30,2008 Estimated average burden				
hours per response16.00				

SEC USE ONLY			
Prefix	Serial		
DA1	E RECEIVED		
1	1		

UNIFORM LIMITED OFFERING EACH	WIF ITON
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Willis Investment Partnership, Ltd. name changed to WIC Value Fund, LP	
Filing Under (Check box(es) that apply): Rule 504  Rule 505  Rule 506  Section 4	(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	TORNIO ANNA ANNA BAND HONA ANNA DARE DANA ANNA ANNA ANNA
Willis Investment Partnership, Ltd. (being renamed WIC Value Fund, LP)	06022789
Address of Executive Offices (Number and Street, City, State, Zip Code	) Telephone Number (Including Area Code)
710 Green Street Gainesville, GA 30501	770-718-0706
Address of Principal Business Operations (Number and Street, City, State, Zip Cod (if different from Executive Offices)  Same	Telephone Number (Including Area Code)
Brief Description of Business This Partnership pools partners' investments in the P'ship into a common fund portfolio.	The Pishin portfolio is the Pishin's only asset an
only business. The portfolio is (and will be) invested in traded stocks and bonds and is m	
Partnership's general partner.) Type of Business Organization	
	r (please specify):\\ \V PROCESSED
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 3 8 8 2 Actual E  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S	stimated MAR © 2 2005
CN for Canada; FN for other foreign jurisdiction)	CIA THOMSON
GENERAL INSTRUCTIONS	TIVALVEIAL

## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address,

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		デーティズA. BASIC ID	ENTIFICATION DATA		
2. Enter the information req	•	-			
<ul> <li>Each promoter of th</li> </ul>	ne issuer, if the iss	uer has been organized v	vithin the past five years;		
<ul> <li>Each beneficial own</li> </ul>	er having the power	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of a	class of equity securities of the issuer.
<ul> <li>Each executive office</li> </ul>	cer and director of	corporate issuers and of	corporate general and ma	naging partners of pa	rtnership issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Willis, Jr. CFA, Robert T.	individual)				
Business or Residence Addres Willis Investment Counse		Street, City, State, Zip C Street Gainesville, G			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Pennington, Robert G.	individual)				
Business or Residence Addres Willis Investment Counsel	•	Street, City, State, Zip C Street Gainesville, C	,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Willis, CFA, Pamela Burd					
Business or Residence Addres Willis Investment Counsel		Street, City, State, Zip C reet Gainesville, GA			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)			<del></del>	
Business or Residence Addres	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				7 80
Business or Residence Addres	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		

1.1					B. IN	FORMATI	ON ABOU	r offeri	۱Ġ				10 10 10 10 10 10 10 10 10 10 10 10 10 1
I.	Has the	issuer sold	, or does th	e issuer in	tend to sel	l to non-a	credited it	vestors in	this offeri	no?		Yes <b>X</b> i	No □
••	rius tiio	100401 0014	, 01 4005 111			Appendix,				_		<u>e.</u>	
2.	What is	the minim	ım investm									\$_100	,000.00
_		00 1				1.0						Yes	No
3.			ermit joint ion request		-							<b>X</b>	
4.	commiss If a persor or states a broker	sion or simi on to be list , list the na r or dealer,	lar remuner ed is an ass me of the br you may se	ration for sociated per roker or de torth the	olicitation rson or age aler. If mo	of purchase nt of a brok re than five	ers in conne er or dealer (5) person	ction with registered s to be list	sales of sec with the S ed are asso	urities in th EC and/or	ne offering. with a state		
Ful As	l Name (I to questi	Last name fion #4 abo	first, if indive, there a	vidual) re no such	n persons;	there are r	no solicitor	s anywher	e.				
Bus	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
N			oker or Dea	.1	····	<del> </del>					· · · · · · · · · · · · · · · · · · ·		
Nai	me of Ass	sociated Br	oker or Dea	aier									
Sta			Listed Has								<del>,</del>		······································
	(Check	"All States	" or check	individual	States)			•••••			•••••	☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
	Full Name (Last name first, if individual) No solicitors used anywhere												
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	sociated Br	oker or Dea	aler									<del></del>
Sta	ites in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)		***************************************			****************		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	RI	SC				[01]		(VA)	<u>[WA]</u>	<u>[W V]</u>	<u>w</u> 1	<u>W.I</u> )	
Full Name (Last name first, if individual)													
	,												
_		Residence	: Address (1	Number an	nd Street, C	City, State,	Zip Code)						
Bu	siness or		Address (1		nd Street, C	City, State,	Zip Code)						
Bu	siness or	sociated B	·	aler									
Bu	siness or ame of As	sociated Br	roker or De	ealer s Solicited	or Intende	s to Solicit	Purchasers					A	II States
Bu	siness or ame of As	sociated Br	roker or De	ealer s Solicited	or Intende	s to Solicit	Purchasers		DC	FL	GA	A	Il States
Bu	isiness or time of As ates in Wi	sociated Br hich Persor "All State:	roker or De Listed Ha s" or check	aler s Solicited individua	or Intends	s to Solicit	Purchasers	•••••••					

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	5,000,000.00	\$_3,444,924.00
	Other (Specify)	\$	\$
	Total	., \$_5,000,000.00	\$ 3,444,924.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 2,897,333.00
	Non-accredited Investors		\$ 547,591.00
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.	··	Φ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securiti sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1	ne	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	0	\$_0.00
	Regulation A		<u>\$_0.00</u>
	Rule 504	0	\$_0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of t securities in this offering. Exclude amounts relating solely to organization expenses of the insur. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		\$ 0.00
	Accounting Fees	F	\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)	-	\$ 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total		8 0.00

F	C. OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES AND USE OF PR	ROCEEDS	
<u>.                                    </u>		ng price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	_	•	
	Purchase of real estate		]\$	<b>\$</b>
	Purchase, rental or leasing and installation of mac and equipment	hinery Г	}\$	<b></b> \$
	Construction or leasing of plant buildings and faci	<del>-</del>	_	<del>_</del> _
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	- 1 <b>\$</b>	□ <b>\$</b>
	Repayment of indebtedness	_	-	
	Working capital	<del>-</del>		<del></del> -
	Other (specify):		_	
	Investment in Willis Investment Partnership/WIC	Value Fund portfolio (the pooled fund)	]\$	5,000,000.00
	Column Totals		\$ <u>0.00</u>	\$_5,000,000.00
	Total Payments Listed (column totals added)		☐ \$ <u></u> 5,	000,000.00
		D. FEDERAL SIGNATURE	5.1491	
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accurate.	nish to the U.S. Securities and Exchange Commiss	tion, upon writte	
Iss	uer (Print or Type)	Signature /	ate	
W	llis Investment Partnership, Ltd./WIC Value Fund	KATSLAN	2-8	7/4
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Rol	pert T. Willis, Jr.	Vice-President of Willis Investment Counsel, In	ic. (Corporate (	General Partner)

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE	and A	
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>K</b>

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Willis Investment Partnership, Ltd./WIC Value Fund	Cotty Well 2-50
Name (Print or Type)	Title (Print or Type)
Robert T. Willis, Jr.	Vice-President of Willis Investment Counsel, Inc. (Corporate General Partner)

### Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.